## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10.785447

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                |                                                |                                                                 |                                    |                                     |                       |                                  |                | SMALL ENTITY TYPE           |                        |          | OTHER THAN OR SMALL ENTITY   |                        |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-------------------------------------|-----------------------|----------------------------------|----------------|-----------------------------|------------------------|----------|------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                  |                                                |                                                                 | 7                                  |                                     |                       |                                  |                | RATE                        | FEE                    | ٦ ً      | RATE                         | FEE                    |
| FOR                                                                                                           |                                                |                                                                 | NUMBER FILED                       |                                     | NUMBER EXTRA          |                                  |                | BASIC FEI                   | 385.00                 | OR       | BASIC FEE                    | 770.00                 |
| TO                                                                                                            | TAL CHARGE                                     | ABLE CLAIMS                                                     | minus 20=                          |                                     |                       |                                  |                | :XS 9=                      |                        | OR       | XS18=                        |                        |
| IN                                                                                                            | DEPENDENT C                                    | LAIMS                                                           | 2 m                                | inus 3 =                            | *                     |                                  |                | X43=                        |                        | OR       | X86=                         |                        |
| Μl                                                                                                            | JLTIPLE DEPE                                   | NDENT CLAIM P                                                   | RESENT                             | ···                                 |                       |                                  |                | +145=                       | ļ ·                    | OR       | +290=                        |                        |
| * 11                                                                                                          | the difference                                 | e in column 1 is                                                | ess than zero, enter "0" in o      |                                     |                       | olumn 2                          | Į.             | TOTAL                       | -                      | OR       | TOTAL                        | 770                    |
|                                                                                                               | C                                              | LAIMS AS A                                                      | MENDED                             | MENDED - PART II                    |                       |                                  |                | OTHER THAN                  |                        |          |                              | THAN                   |
| (Column 1)                                                                                                    |                                                |                                                                 | (Colum                             |                                     |                       | (Column 3)                       | 1 -            | SMALL                       | ENTITY                 | OR       | SMALL                        | ENTITY                 |
| AMENDMENT A                                                                                                   |                                                | REMAINING<br>AFTER<br>AMENDMENT                                 |                                    | HIGHE<br>NUMB<br>PREVIO<br>PAID F   | BER<br>USLY           | PRESENT<br>EXTRA                 |                | RATE                        | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
|                                                                                                               | Total                                          | *                                                               | Minus                              | **                                  |                       | =                                |                | XS 9=                       |                        | OR       | X\$18=                       |                        |
| AME                                                                                                           | Independent                                    | *                                                               | Minus                              | ***                                 | O. 1441               | -                                |                | X43=                        |                        | OR       | X86=                         |                        |
|                                                                                                               | FIRST PRESE                                    | ENTATION OF MI                                                  | JETIPLE DE                         | PENDENT                             | CLAIM                 |                                  |                | +145=                       |                        | OR       | +290=                        |                        |
|                                                                                                               |                                                |                                                                 |                                    |                                     |                       |                                  | L              | TOTAL                       |                        |          | TOTAL                        |                        |
| (Column 1) (Column 2) (Column 3)                                                                              |                                                |                                                                 |                                    |                                     |                       |                                  |                | ADDIT. FEE                  | L                      |          | ADDIT. FEE                   |                        |
| NT B                                                                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                                    | HIGHE<br>NUMB<br>PREVIO<br>PAID F   | ER<br>USLY            | PRESENT<br>EXTRA                 |                | RATE                        | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                     | Total                                          | *                                                               | Minus                              | **                                  |                       | =                                |                | X\$ 9=                      |                        | OR       | X\$18=                       |                        |
| ME                                                                                                            | Independent                                    | *                                                               | Minus                              | ***                                 |                       | =                                | ╽┟             | X43=                        |                        | OR       | X86=                         |                        |
|                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR |                                                                 |                                    |                                     |                       |                                  | <sup>╿</sup> ┞ | 1.15                        |                        | i i      | 000                          |                        |
|                                                                                                               |                                                |                                                                 |                                    |                                     |                       |                                  | L              | +145=<br>TOTAL<br>DDIT. FEE |                        | OR<br>OR | +290=<br>TOTAL<br>ADDIT. FEE | ·                      |
| (Column 1) (Column 2) (Column 3)                                                                              |                                                |                                                                 |                                    |                                     |                       |                                  |                | :                           | •                      |          |                              | . /                    |
| AMENDMENT C                                                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                                    | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY            | PRESENT<br>EXTRA                 |                | RATE                        | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
|                                                                                                               | Total                                          | *                                                               | Minus                              | **                                  |                       | =                                |                | X\$ 9=                      |                        | OR       | X\$18=                       |                        |
| AME                                                                                                           | Independent                                    | *                                                               | Minus                              | ***                                 | ·                     | =                                |                | X43=                        |                        | OR       | X86=                         |                        |
|                                                                                                               | FIRST PRESE                                    | NTATION OF MU                                                   | ILTIPLE DEP                        | ENDENT (                            | CLAIM                 |                                  | +              |                             |                        |          |                              |                        |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL  TOTAL  OR +290= |                                                |                                                                 |                                    |                                     |                       |                                  |                |                             |                        |          |                              |                        |
| !                                                                                                             | f the "Highest Nur<br>f the "Highest Nui       | mber Previously Pa<br>mber Previously Pa<br>ber Previously Paid | id For" IN THIS<br>id For" IN THIS | SPACE is I                          | ess than<br>less than | 20, enter "20."<br>3, enter "3." |                | DDIT. FEE                   | ropriate box           |          | DDIT. FEE                    |                        |